FORM A

Name of the Student: ________________________________________________________________

CSU ID: __________________ E-mail: ________________________________________________

Supervising Professor: ____________________________________________________________

Year/ Semester: ___________________ Credit hours ___________________

Project Title: ____________________________________________________________

Attach a proposal addressing the following:

- Objectives
- Books and materials used
- Brief description of project
- Deliverables
- Evaluation criteria

Signature of the Student: ______________________ Date: ________________

Supervising Professor: ______________________ Date: ________________

Program Director: ______________________ Date: ________________

Please complete Form A and return to the department for approval of Independent Study.
EECS Graduate Programs

Independent Study (circle one - CIS 698 or EEC 696)

FORM B (To be submitted before or during the final week of the semester)

Name of the Student: ____________________________________________________________

CSU ID: __________________ E-mail: ____________________________________________

Supervising Professor: ___________________________________________________________________

Year/ Semester: ___________________ Credit hours ___________________

Project Title: ___________________________________________________________________________

Supervising Professor: Please answer the following questions and provide any additional information & comments about the student.

1. The Independent study student named above has successfully completed his/her Independent study. YES □ NO □

2. Date deliverables received: ___________________ Grade: ______________

3. Comments on intern Student’s performance (feel free to attach):

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

________________________________________________________________________

Supervising Professor: _______________________ Date/Grade: ______________

Please complete Form B and return this form along with a report describing your Independent study to the department.